

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Nuredin		08-10-01
O.I.P.E. CLASSIFIER		WGCW	8/17/01
FORMALITY REVIEW	MA	830	109-04-01
RESPONSE FORMALITY REVIEW	JP	1027	12/18/01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 ÷ Restricted O Objected

Claim		Date		
Final	Original	12	5	12
		12	21	6
		03	03	03
1	✓	✓	✓	✓
2	✓	✓	✓	✓
3	✓	✓	✓	✓
4	✓	✓	✓	✓
5	✓	✓	✓	✓
6	✓	✓	✓	✓
7	✓	✓	✓	✓
8	✓	✓	✓	✓
9	✓	✓	✓	✓
10	✓	✓	✓	✓
11	✓	✓	✓	✓
12	✓	✓	✓	✓
13	✓	✓	✓	✓
14	✓	✓	✓	✓
15	✓	✓	✓	✓
16	✓	✓	✓	✓
17	✓	✓	✓	✓
18	✓	✓	✓	✓
19	✓	✓	✓	✓
20	✓	✓	✓	✓
21	✓	✓	✓	✓
22	✓	✓	✓	✓
23	✓	✓	✓	✓
24	✓	0	6	6
25	✓	✓	✓	✓
26	✓	✓	✓	✓
27	✓	✓	✓	✓
28	✓	✓	✓	✓
29	✓	✓	✓	✓
30	✓	✓	✓	✓
31	✓	✓	✓	✓
32	✓	✓	✓	✓
33	✓	✓	✓	✓
34	✓	✓	✓	✓
35	✓	✓	✓	✓
36	✓	✓	✓	✓
37	✓	✓	✓	✓
38	✓	✓	✓	✓
39	✓	✓	✓	✓
40	✓	✓	✓	✓
41	✓	✓	✓	✓
42	✓	✓	✓	✓
43	✓	✓	✓	✓
44	✓	✓	✓	✓
45	✓	✓	✓	✓
46	✓	✓	✓	✓
47	✓	✓	✓	✓
48	✓	✓	✓	✓
49	✓	✓	✓	✓
50	✓	✓	✓	✓